

Use QR Code for easy online registration!

*REGISTRATION ENDS APRIL 30TH!



Freedom Park Presents!

Summer S.O.A.R

This form will be used to register your student for the Summer S.O.A.R. Program at Freedom Park. This program is available for current students only (K-8th).

**Please complete a form for each student you wish to register.*

Student Last Name: _____ **Student First Name:** _____

Student Middle Initial: _____

Date of Birth: _____ **Current Grade (20-21 SY):** _____

Instruction Model Preference (Check One):

- Virtual
- Face to Face

**Model cannot be changed after program begins.*

Transportation:

**Face to Face students only*

- Bus
- Care Rider
- Other _____

Name of Parent/Guardian: _____

Address: _____

City/State/Zip _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Email Address: _____

Please list any pertinent health information: e.g. allergies, medications, etc.:

Emergency Contact (other than parents/guardians) _____

Phone: _____

Parent/Guardian's Signature: _____

Date: _____